

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
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48							98			
49							99			
50							100			
TOTAL IND.	/						TOTAL IND.			
TOTAL DEP.	/	↓		↓		↓	TOTAL DEP.		↓	↓
TOTAL CLAIMS	2	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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